

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SMZ	71002	5/27/99
O.I.P.E. CLASSIFIER		10	6/2
FORMALITY REVIEW	YC	70017	6-10-99

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 Restricted O Objected

Claim	Date	Claim	Date	Claim	Date
Final	Original	Final	Original	Final	Original
1		101		101	
2		102		102	
3		103		103	
4		104		104	
5		105		105	
6		106		106	
7		107		107	
8		108		108	
9		109		109	
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11		111		111	
12		112		112	
13		113		113	
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18		118		118	
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20		120		120	
21		121		121	
22		122		122	
23		123		123	
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35		135		135	
36		136		136	
37		137		137	
38		138		138	
39		139		139	
40		140		140	
41		141		141	
42		142		142	
43		143		143	
44		144		144	
45		145		145	
46		146		146	
47		147		147	
48		148		148	
49		149		149	
50		150		150	

If more than 150 claims or 9 actions staple additional sheet here

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